



Washington State Department of

Early Learning

STARS Training Completion Report

STARS approved trainers and training organizations use this form to track participants' completion of STARS approved training. An "Available Training Form" MUST be completed and kept with this form.

STAFF USE	Initials _____
Training ID #	_____
Entry Date	_____

SECTION I. STARS APPROVED TRAINER OR TRAINING ORGANIZATION

Trainer OR Organization _____

STARS ID Number _____ Contact Phone Number _____ Ext _____

SECTION II. LOGISTICS

Training Title _____

Start Date _____ End Date _____ Time _____

Training Location _____

Training Address _____

City _____ State _____ Zip Code _____ County _____

SECTION III. STUDENTS WHO HAVE SUCCESSFULLY COMPLETED THIS CLASS

Student's Name (first and last name)

STARS ID Number

Signature of STARS

Trainer/Organization _____ Date _____

www.del.wa.gov/stars

SECTION IV. CONTINUATION OF STUDENTS WHO HAVE SUCCESSFULLY COMPLETED THIS CLASS

Student's Name (first and last name)

STARS ID Number[illegible]